



INTEGRATING SPECIALTY SERVICES AND EARLY INTERVENTION PROGRAMS ADVISORY #3 July 12, 2012

BEST PRACTICE GUIDANCE

Joint Home Visits

Sessions scheduled to include EIP and SSP staff will be IFSP meetings or joint home visits planned to meet a clear clinical justification. These sessions do not affect the capacity of the EI staff to provide one cotreatment per month.

Clinical justification for joint home visits includes such aspects of collaboration as:

- Review of progress, sharing of concerns, planning for next steps
- Sharing of successful teaching strategies
- Establishing consistency in use of language, cueing and prompting.
- Plan for management of challenging behavior
- Provision of information and support to family
- Joint assessment activities
- Transition planning

Weekly joint home visits that are set up for scheduling convenience and functionally result in one clinician simply observing the other are not justifiable. Participants in joint home visit sessions will vary, with supervisors from SSPs often performing this function.

SSP Participation in Assessments

Assessment consists of those on-going procedures used by appropriately qualified personnel throughout the child's eligibility for EI services to identify:

- (1) the child's unique strengths and needs and the services appropriate to meet those needs and
- (2) the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler.

The assessment emphasizes the collaborative process among EI personnel, the family, and other agencies and providers. Being part of the assessment team is beneficial to both the EI and the Specialty provider staff. When team members share their respective areas of expertise, a truly multidisciplinary evaluation may be achieved. Joint participation in the assessment process is encouraged when it is feasible and not likely to interfere with the child's ability to participate in the assessment.

IFSP Participation

EI programs are encouraged to develop service options using an outcome -driven model. A child's developmental profile does not automatically translate to a particular type, level, or frequency of intervention. Accountability is measured by whether outcomes achieved beyond specific disciplinary goals effectively address the child's and family's functioning at home, in play, and while learning. An outcome -driven approach includes promoting a child's abilities, modifying the environment, providing resources and/or adaptive equipments, revising schedules and routines, developing new skills and behaviors of key adults in the child's life, and reframing adult perspectives and expectations of the child.

The IFSP includes services to be provided by the EI program and the specialty provider. The EI program and the Specialty provider staff, as well as other personal and/or professional services invited by the family, should be actively involved with the family in the IFSP process to determine services. Section VII of the EI Operational Standards now reflects this emphasis. The relevant section reads:

“At each initial and subsequent IFSP meeting following an eligibility evaluation, each of the following shall be provided with a reasonable opportunity to participate:

.....6. Persons who will be providing services to the child and family

If a person who wishes to be involved in the IFSP planning meeting is unable to attend, arrangements are made for the person's involvement through other means, including:

1. Participating in a telephone conference call
2. Having a knowledgeable person attend the meeting
3. Making pertinent records available at the meeting”

Specialty providers must contact EI Service Coordinators when they propose a change in the Service Delivery Plan (to decrease or increase service hours) or when they anticipate a significant change or interruption in the existing IFSP. Claims for services not specified on the IFSP are not reimbursable.

A parent request to decrease or terminate hours can begin immediately before the IFSP review is completed. Other permanent changes (in intensity or in service providers) require an IFSP review. This can be accomplished through a meeting between the Service Coordinator and the parent that the SSP calls in to if it is difficult for all parties to attend in person.

Schedule changes (e.g., changing time of day of services) do not require an IFSP meeting. Temporary shifts in service intensity are expected (they occur in EI too when children are ill, staff are on vacation, etc.) and do not need to be reflected on the IFSP. This might occur if a child is scheduled for 15 hours of SSP services per week but the

child is ill for part of the week – parent urges SSP to make up some of that time. SSP can do this, but it will push the number of hours provided in the next two weeks over the 15hr/week mark. This is reasonable – but the SSP should let the service coordinator know. Occasionally an SSP provider will fill in when the regular provider is absent. This is acceptable practice and does not require notation on the IFSP.

Whenever substantive changes in the IFSP are contemplated, including proposals to introduce a new intervention modality or an additional SSP, the current specialty service provider must be invited to participate in the IFSP meeting.